Potential persons who are to respond to the collection of information contained in this / J 0 5 5 (6-02) form are not required to respond unless the form displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

DEC 1 4 2006

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

UMB APPROVAL						
OMB Number:	3235-0076					
Expires: April 30	0, 2008					
Estimated average	e burden					
hours per response	e 16.00					

SEC USE ONLY						
Prefix		Serial				
D 4 T 6	DEAL	<b>/</b> ED				
DATE RECEIVED						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Convertible I capital stock issuable upon conversion of such Notes	
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  eMushu.com Inc.	08086054
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
7049 Chiala Lane, San Jose, CA 95129	(408) 5569-3567
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Software Development	Λ /
Type of Business Organization  Corporation  Ilimited partnership, already formed  other  business trust  limited partnership, to be formed	(please specify():
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual PROCESSED
	IAM 1 1 2307

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 EFR 230 50 Let seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENTI	FICATION DATA								
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>											
Each executive office     Each general and m			rporate general and manag	ing partiers or part	iciship issucis, ald						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner											
Full Name (Last name first, if Wan, Charles Q.	individual)	ı									
Business or Residence Addres 7049 Chiala Lane,	•	• •		<u> </u>	· · ·						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if Klein, Mark	individual)			,							
Business or Residence Addres	-										
7049 Chiala Lane, Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if Zimmer, Klaus	individual)		·								
Business or Residence Addres	· ·			·							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)			•							
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)	٠.	<u>.</u>							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)	:	,								
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)	, .									
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)	;								
	(Liee blank e	heet or convenduce add	itional copies of this shee	t as necessary)							

€

					1	B. INFOR	MATION	ABOUT O	FFERING		<u> </u>			
·				•			•						Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								$\boxtimes$					
	Answer also in Appendix, Column 2, if filing under ULOE.													
2.	2. What is the minimum investment that will be accepted from any individual?								N/A					
_	_												Yes	No
3.			• •		-	-							Ø	لسا
	a pers	nission or son to be , list the	similar rer listed is ar name of th	nuneration n associate ne broker	n for solici ed person o or dealer.	itation of p or agent of If more th	urchasers in a broker of	n connection r dealer reg persons to	n with sales istered with be listed ar	of securities the SEC an	or indirect s in the offer d/or with a l persons of	ring. If state or		
Full	Name	(Last nar	ne first, if i	indiviđual	).									
Busi	ness o	r Residen	ce Address	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	ssociated	Broker or	Dealer										
C+-+-	i 11	Thick De-	an Lintai	Una Cali-	itad on Int	anda to S-I	icit Purchas	2000						
											<i>,</i>		<b>Π</b> Δ1	l States
•		•												
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Full	Name	(Last nar	ne first, if	individual	)									
Busi	ness o	r Residen	ce Addres	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	ssociated	Broker or	Dealer		· .								
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							icit Purchas					-		•
(C	heck	"All State	s" or checl	k individu:	al States).								☐ Al	l States
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[M	T]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	.]
[ R	1]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ P R	.]
Full	Name	(Last nar	ne first, if	individual	)						,	•		
Busi	iness o	or Resider	ice Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)						<u> </u>
Nam	ne of A	Associated	Broker or	Dealer		<u></u>		<del></del>						<del></del>
						<del></del>						•		
							licit Purcha						□ Al	l States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	]
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[M		[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	
ſR		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$ 200,000.00	\$ 200,000.00
	Equity	\$	\$
	☐ Common ☐ Preferred		<del>_</del>
	Convertible Securities (including warrants)	\$ See above	\$ See above
	Partnership Interests	\$	<u>.</u> \$
	Other (Specify)	\$	\$
	Total	\$ 200,000.00	\$ 200,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
<u>!</u> .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ 200,000.00
	Non-accredited Investors	0	\$ -0-
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
<b>}.</b>	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	,	
	Transfer Agent's Fees	E	] \$
	Printing and Engraving Costs		
	Legal Fees		\$To be determined
	Accounting Fees	<del></del>	\$
	Engineering Fees		
	Sales Commissions (specify finder's fees separately)		
	Other Expenses (identify)		] \$
	Total	· 15	To be determined

	C. OFFERING PRICE, N	NUMBER OF INV	ESTORS, EXPEN	SES AND USE	OF PROCEED	<u>S</u>
	b. Enter the difference between the aggregation 1 and total expenses furnished in remaining the difference between the aggregation of the issuer."	nte offering price gi sponse to Part C - (	ven in response to l Question 4.a. This	Part C - difference is the		\$ _200,000.00
<b>5.</b>	Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of the the adjusted gross proceeds to the issuer set f					
	•	•		·	Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees					□ \$
	Purchase of real estate		·			
	Purchase, rental or leasing and installation	on of machinery an	d equipment	<b>5</b>		□ \$ <sup>-</sup>
	Construction or leasing of plant building	gs and facilities		🔲 \$		□ \$ <u> </u>
	Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger)	or the assets or secu	rities of another			□ \$
	Repayment of indebtedness		•		<u> </u>	
	Working capital		1			⊠ \$ 200,000.00
	Other (specify):		·	_		
		•		s		□ \$
	Column Totals		:	<b>S</b>		\$ 200,000.00
	Total Payments Listed (column totals ad		1			⊠ \$ 200,000.00
		*	•			
		D. FEDERAL	SIGNATURE			
oll	s issuer has duly caused this notice to be sig owing signature constitutes an undertaking by staff, the information furnished by the issuer to	ned by the undersi	gned duly authoriz	ties and Exchang	e Commission, a	d under Rule 505, the upon written request of
ssu	ter (Print or Type)	Signature /		Da	te	<u> </u>
	ushu.com Inc.	Charl	6di			er 6, 2006
Var	ne or Signer (Print or Type)	Title of Signer (P	rint or Type)	ł		
	arles Q. Wan		1			
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**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)